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CONFIRMATION NO. 8666

<b>SERIAL NUMBER</b> 10/825,580	<b>FILING OR 371(c) DATE</b> 04/15/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1609	<b>ATTORNEY DOCKET NO.</b> 1/1491US
<b>APPLICANTS</b> Anja Kohlrausch, Biberach, GERMANY; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/471,675 05/19/2003 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 19 450.9 04/30/2003 <i>CCPR 06/18/2007</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/25/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <i>CCPR 06/18/2007</i> 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>CCPR 06/18/2007 CCPR</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 19
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 28501				
<b>TITLE</b> Telmisartan sodium salt pharmaceutical formulation				
<b>FILING FEE RECEIVED</b> 2122	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	